

HOW TO FILE A REHABILITATION APPEAL

This form should be completed when you disagree with the Determination and Order (D&O) of the Rehabilitation Unit.

Please note, this form must be mailed to the Workers' Compensation Appeals Board (WCAB) within twenty (20) days after service by the Rehabilitation Unit. The service date will be found on the lower left hand corner of the D & O.

Complete the form. Follow the attached sample(s). Explain in your own words why you disagree with the Rehabilitation Unit's D&O. Sign and date the form. Complete the Declaration of Readiness and the Proof of Service forms. See attached. You should also attach a copy of the D&O of the Rehabilitation Unit.

Send the originals to the WCAB with copies to the insurance company and Rehabilitation Unit.

If you have no WCAB case, you will also need to file an Application for Adjudication (refer to I&A Guide 10), which opens a WCAB case for you.

Keep a copy for your records.

If you need help you may call an Information and Assistance Office. The local phone numbers are listed on the back of this page.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations which are different than presented here.

WORKERS' COMPENSATION APPEALS BOARD

DISTRICT OFFICES

ANAHEIM, 92801 1661 N. Raymond Avenue, Ste. 200 Information & Assistance Unit	(714) 738-4038	SALINAS, 93906 1880 North Main Street, 1st Floor Information & Assistance Unit	(408) 443-3058
BAKERSFIELD, 93309 1800 30th Street, Rm.100 Information & Assistance Unit	(661) 395-2514	SAN BERNARDINO, 92401-1888 464 West Third Street, Ste. 239 Information & Assistance Unit	(909) 383-4522
EUREKA, 95501-0421 100 "H" Street, Rm. 201 Information & Assistance Unit	(707) 441-5723	SAN DIEGO, 92101-3690 1350 Front Street, Ste. 3012 Information & Assistance Unit	(619) 525-4589
FRESNO, 93721-2280 2550 Mariposa Street, Rm. 4078 Information & Assistance Unit	(559) 445-5355	SAN FRANCISCO (DISTRICT OFFICE), 94102 455 Golden Gate Ave., 2nd Floor Information & Assistance Unit	(415) 703-5020
GOLETA, 93117 6755 Hollister Avenue Information & Assistance Unit	(805) 968-4158	SAN JOSE, 95113 100 Paseo de San Antonio, Rm. 223 Information & Assistance Unit	(408) 277-1292
GROVER BEACH, 93433-2261 1562 Grand Avenue Information & Assistance Unit	(805) 481-3296	SANTA ANA, 92701-4080 28 Civic Center Plaza, Ste. 451 Information & Assistance Unit	(714) 558-4597
LONG BEACH, 90802-4460 300 Oceangate Street, 3 rd Floor Information & Assistance Unit	(562) 590-5240	SANTA MONICA, 90405-5200 2701 Ocean Park Blvd., Std. 222 Information & Assistance Unit	(310) 452-1188
LOS ANGELES, 90013 340 West 4 th Street, 9 th Floor Information & Assistance Unit	(213) 576-7389	SANTA ROSA, 95404 50 "D" Street, Ste. 430 Information & Assistance Unit	(707) 576-2452
OAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit	(510) 622-2861	STOCKTON, 95202-2314 31 East Channel Street, Rm. 417 Information & Assistance Unit	(209) 948-7980
POMONA, 91766 435 W. Mission Blvd., Suite 300 Information & Assistance Unit	(909) 623-8568	VAN NUYS, 91401-3373 6150 Van Nuys Blvd., Rm 105 Information & Assistance Unit	(818) 901-5374
REDDING, 96001-2796 2115 Akard, Rm. 21 Information & Assistance Unit	(530) 225-2047	VENTURA, 93003-6085 5810 Ralston Street, Rm. 115 Information & Assistance Unit	(805) 654-4701
RIVERSIDE, 92501 3737 Main Street, Ste. 300 Information & Assistance Unit	(909) 782-4347	WALNUT CREEK, 94598 175 Lennon Lane, Rm. 200 Information & Assistance Unit	(925) 977-8343
SACRAMENTO, 95825 2424 Arden Way, Ste. 230 Information & Assistance Unit	(916) 263-2741		

NAME
STREET
CITY, STATE, ZIP CODE

Sample

TELEPHONE #:

**STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD**

your name

Applicant,

vs.

*your employer and
insurance company*

Defendants.

WCAB#:
REHABILITATION
UNIT FILE #.:

APPEAL FROM DETERMINATION
AND ORDER OF THE
REHABILITATION UNIT

*Explain in your own words why you
disagree with the decision.*

your signature

Applicant

date mailed

Date

NAME
STREET
CITY, STATE, ZIP CODE

TELEPHONE #:

**STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD**

	Applicant,
vs.	
	Defendants.

WCAB#:
REHABILITATION
UNIT FILE #.

APPEAL FROM DETERMINATION
AND ORDER OF THE
REHABILITATION UNIT

Applicant,

Date

Sample

Proof Of Service By Mail

I declare that:

I am (resident of/employed in) the county of your county California. I am over the age of eighteen years, my (business/residence) address is:

Put your home address here.

On today's date, I served the attached Rehab Appeal on the insurance company in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United State mail at city where you mailed this addressed as follows name and address of insurance company

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on

(date) today's date, at city California.

Type or print name print your name

Signature sign your name

Proof Of Service By Mail

I declare that:

I am (resident of/employed in) the county of _____ California. I am over the age of eighteen years, my (business/residence) address is:

On _____, I served the attached _____ on the _____ in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United State mail at

_____ addressed as follows _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on

(date) _____, at _____ California.

Type or print name _____

Signature _____